

UTAH DEPARTMENT OF WORKFORCE SERVICES
Unemployment Insurance

DEFERRAL VERIFICATION REPORT

Date Issued _____

Claimant _____ SS# _____

A claimant of unemployment benefits may be deferred from our normal work search and work registration requirements if one of the following conditions are met: (a) expectation of job recall with the regular employer, or (b) registration with a union having a hiring hall. The information you provide in part A or B below will help determine whether this person can be granted a deferral.

A. Employer-Recall Deferral:

This former employee:

(mark the appropriate answer with v)

☐ **will be recalled to full-time work within 10 weeks of his or her last day of separation from this firm**

Date of Job Separation _____ Expected Date of Recall _____

Other Information _____

☐ **will NOT be recalled to full-time work within 10 weeks of his or her last day of separation from this firm**

B. Union-Registered Deferral:

Name of Union: _____

Local #: _____

This person:

(mark the appropriate answer with v)

☐ **is a current member in good standing and is eligible for job referrals**

☐ **is NOT a current member in good standing and is eligible for job referrals**

Does your union operate a hiring hall? ☐ Yes ☐ No | Expected Job Referral Date _____

Other Information _____

NOTE: IF THIS FORM IS NOT FILLED OUT COMPELETELY NO DEFERRAL WILL BE GRANTED.

Please return this form to the address or the fax number shown below within 5 days of the date issued, shown above.

Name of the Company

Address

Telephone

Signature of Official

Date

Printed Name of Official

RETURN TO:
DEPARTMENT OF WORKFORCE
SERVICES
CLAIMS CENTER
PO BOX 45266
SALT LAKE CITY UT 84145-0266
TELEPHONE: 801-526-4435
FAX: 801-526-4401